



LEADER'S GUIDE GROUP SESSION – 2017 NUTRITION RISK CRITERIA REVISIONS

Session Focus:

Target Audience: all WIC staff performing nutrition risk assessments (RDs, CAs)

Session Goal: *United States Department of Agriculture (USDA) Food & Nutrition Services (FNS)* has updated four existing nutrition risk criteria. This in-service will enhance understanding of the conditions addressed by these revision updates which go into effect in Idaho on October 1, 2017:

- 135 Inadequate Growth
- 352 Infectious Diseases
- 359 Recent Major Surgery, Trauma, Burns
- 411 Inappropriate Nutrition Practices for Infants

Session Objectives: By the end of the session staff will be able to...

- Objective 1: Identify key points to revision updates for *risks 135, 352, 359, and 411*.
- Objective 2: Correctly document and assign in WISPr *risks 135, 352.1, 352.2, 359, and 411*.

Session Planning:

Materials Needed:

Staff handouts (you'll need to print enough copies for your staff):

- *Summary of Nutrition Risk Criteria (NRC) Revisions*
- *Check Your Understanding Nutrition Risk Criteria (NRC) Revisions*

Additional materials for session leader:

- *Leader's Guide Group Session – 2017 Nutrition Risk Criteria Revisions* (this leader's guide)
- *Leader's Answers Check Your Understanding Nutrition Risk Criteria (NRC) Revisions*
- *Nutrition Risk Criteria Revisions Oct 2017 Presentation PowerPoint*
- For leader reference (revisions/updates are in red font) please see additional documents:
 - *RD Referral Table*
 - *Risk 135 Slowed Faltering Growth Pattern*
 - *Risk 352.1 Infectious Diseases Acute*
 - *Risk 352.2 Infectious Diseases Chronic*
 - *Risk 359 Recent Major Surgery, Physical Trauma, Burns*
 - *Risk 411 Inappropriate Nutrition Practices Infant*
 - *Assessment Interview Forms* (from the computer down kit):
 - Prenatal
 - Postpartum
 - Infant
 - Child

Preparation Needed:

- Leaders (trainers) are to participate in the NEAT train-the-trainer webinar Thursday July 13, 2:00 – 3:00 pm MT. Webinar access information will be sent in a separate email.
- Review materials in advance of the group training session.

Prior to leading the in-service session, spend time reflecting on how you can ‘model’ participant centered services (PCS) skills throughout the session. Read the in-service outline below and think about where you might use open-ended questions (see the discussion activities), affirmations (affirm staff for their comments/answers during the session), reflections (acknowledge when the group seems apprehensive, excited, confident, etc.), and summarizations (slide 27 and anywhere summarizing seems to fit during the session discussions). At the conclusion of the power point presentation session, determine the “next steps” (see slide 29).

Session Outline:

Facilitator notes – (total time needed about 60 minutes)

PPT Slide:	Important concepts to cover, learning activities
Slides 1-2	<p>Opening the session: The <i>United States Department of Agriculture (USDA) Food and Nutrition Services (FNS)</i> periodically has new information regarding the nutrition risk criteria WIC uses to determine participant eligibility. Risk revisions are developed by the national <i>Risk Identification and Selection Collaborative (RISC)</i> and submitted to <i>FNS</i> for final approval. Once approved, <i>FNS</i> provides states with <i>WIC</i> implementation guidance.</p> <p>There are four nutrition risk criteria being revised this year (in the <i>Idaho WIC Policy Manual</i> and <i>WISPr</i>). In Idaho, we’ll implement these updates October 1, 2017.</p> <p>The risks being revised are:</p> <ul style="list-style-type: none">• 135 <i>Inadequate Growth</i>• 352 <i>Infectious Diseases</i>• 359 <i>Recent Major Surgery, Trauma, Burns</i>• 411 <i>Inappropriate Nutrition Practices for Infants</i> <p>There is also one risk being reworded in WISPr:</p> <ul style="list-style-type: none">• 425 <i>Inappropriate Nutrition Practices (Child)</i> <p>Distribute the <i>Summary of Nutrition Risk Revisions</i> handout. Discuss the plan for completing the in-service: we’ll review the <i>Summary of Nutrition Risk Revisions</i> handout for each risk and consider the discussion questions together.</p> <p>Activity – have the group discuss:</p> <ul style="list-style-type: none">• Why is it helpful to periodically review and update WIC nutrition risk criteria? Example answers:<ul style="list-style-type: none">○ It helps staff stay updated regarding new information related to health conditions.○ It helps staff assign risks correctly and provide relevant nutrition education.
Slides 2-5	<p>The first risk we’ll discuss is 135 <i>Inadequate Growth</i> (have attendees refer to risk 135 on the <i>Summary of Nutrition Risk Revisions</i> handout).</p> <ul style="list-style-type: none">• The title is changing to 135 <i>Slowed/Faltering Growth Pattern</i>• The category is changing to only babies less than or equal to (<=) 6 months of age. The risk will no

	<p>longer apply to babies over 6 months of age or children. Although there is no weight loss risk for older babies or children, staff can continue to watch growth curves/percentiles and refer for a follow-up weight check as needed when concerns arise.</p> <p>Activity – have the group discuss:</p> <ul style="list-style-type: none"> • How might the category change impact RD Referrals and RD Routes in your clinic? <p>Example answers:</p> <ul style="list-style-type: none"> ○ The total number of RD referrals for babies will decrease because there won't be RD referrals for babies older than 6 months age. ○ RDs will no longer have routes for children that would have previously been assigned <i>risk 135</i>.
Slides 6-7	<p>The definition has been simplified. Previously there were four confusing methods for doing the growth calculations. The growth calculations are being reduced to two simpler methods. Babies will qualify for <i>risk 135</i> if:</p> <ul style="list-style-type: none"> • A baby from birth to 2 weeks of age has excessive weight loss after birth. This is defined as weight loss equal to or greater than 7% of the birth weight. • A baby age 2 weeks to 6 months has any weight loss. This must be based on using two separate weights taken at least eight weeks apart. <p>Staff's job is to accurately enter weight information into the computer. WISPr will automatically do the calculations and assign risk 135 when it applies. WISPr will also automatically generate an RD referral. Staff cannot manually assign <i>risk 135</i>. If there are growth concerns not reflected by the weights in WISPr, staff may document the growth history in the assessment interview or care plan. Staff also may route the chart to an RD or schedule an RD appointment as needed.</p> <p>The first calculation method (birth weight and the weight at certification) triggers <i>risk 135</i> assignment at certification.</p> <p>The second calculation method (weights entered at the certification up through the health screen appointment) triggers <i>risk 135</i> assignment at the health screen if the baby isn't past 6 months of age.</p>
Slide 8	<p>There's a new section titled "Implications for WIC Services". It provides possible nutrition counseling strategies for consideration and guidance. The slide shows key concepts of ways to help and support a participant with <i>risk 135</i> (review slide). Staff are to continue to use participant centered counseling techniques and tailor education to the individual participants needs, interests and concerns. More information is listed in the actual risk criterion, some of it's more for RD consideration.</p>
Slides 9-10	<p>The next risk being revised is 352 Infectious Diseases (have attendees refer to <i>risk 352</i> on the handout).</p> <p>The title is changing and becoming two risks:</p> <ul style="list-style-type: none"> • 352.1 Infectious Diseases - Acute • 352.2 Infectious Diseases – Chronic <p>In some states, these risks will be known as <i>352a</i> and <i>352b</i>.</p>
Slides 11-14	<p>Infectious diseases are defined as... (review slide 11).</p> <p>The difference between "acute" and "chronic" is... (review slide 12).</p> <p>The most common acute infectious diseases in the United States are... (review slide 13).</p>

	<p>The most common chronic infectious diseases in the United States are... (review slide 14).</p> <p>Activity – have the group discuss:</p> <ul style="list-style-type: none"> • Why do you think USDA FNS decided to make separate risks for “acute” and “chronic” infectious diseases? <p>Example answers:</p> <ul style="list-style-type: none"> ○ Because the long term nutrition and health impact from a chronic disease is greater. ○ Because <i>risk 352.2</i> will be a recurring risk at re-certifications and <i>risk 352.1</i> will not.
Slide 15	<p><i>Risks 352.1</i> and <i>352.2</i> also have the new sections titled “Implications for WIC Services”. The slide shows key concepts of ways to help and support a participant with <i>risks 352.1</i> or <i>352.2</i> (review slide).</p>
Slides 16-17	<p>The next risk being revised is 359 Recent Major Surgery, Trauma, Burns (have attendees refer to <i>risk 359</i> on the handout).</p> <p>The title is changing to <i>359 Recent Major Surgery, Physical Trauma, Burns</i>.</p>
Slides 18-20	<p>Note that the change in title and the expanded risk definition clarifies trauma specifically means “physical trauma”. The definition of physical trauma is (review definition on slide).</p> <p>Activity – have the group discuss:</p> <ul style="list-style-type: none"> • How might the change in title and expanded definition (“physical” trauma) impact how you decide when it’s appropriate to assign risk 359? <p>Example answer:</p> <ul style="list-style-type: none"> ○ With <i>risk 359</i> I’ll be looking for physical trauma and not emotional trauma. <ul style="list-style-type: none"> • What risk(s) might be assigned if a person has “emotional” trauma? <p>Example answer:</p> <ul style="list-style-type: none"> ○ 361 Depression (requires diagnosis) ○ 801 Homelessness ○ (for their dependent) 902 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decision/Prepare Food ○ 903 Foster Care
Slide 21	<p><i>Risk 359</i> also has the new section titled “Implications for WIC Services”. The slide shows key concepts of ways to help and support a participant with <i>risk 359</i> (review slide).</p>
Slide 22	<p>The fourth risk that is being revised is 411 Inappropriate Nutrition Practices Infant. Have attendees refer to <i>risk 411</i> on the handout.</p>
Slides 23-24	<p>There’s no title change. The definition is expanding. The black font on the slides shows the new words being added.</p> <p><i>Risk 411 (411.8)</i> only applies for a vegan diet if the person is a strict vegan meaning they eat vegan all the time.</p> <p>With the revisions, <i>risk 411 (411.9)</i> can now be assigned if:</p> <ul style="list-style-type: none"> • a parent/caregiver doesn’t prepare or store infant formula according to a physician’s instructions. • breast milk is heated in a microwave.

	<ul style="list-style-type: none"> • breast milk is added to frozen breast milk (in an amount greater than the amount of frozen) - even if the breast milk being added has been kept cold in a refrigerator. • thawed breast milk is being fed more than 24 hours after it was thawed - even if that breast milk was in a refrigerator.
Slide 25	<p>Activity – have the group discuss:</p> <ul style="list-style-type: none"> • <i>Do you think the expanded definitions will result in more or less participants being assigned risk 411?</i> <p>Example answer:</p> <ul style="list-style-type: none"> ○ Fewer participants who eat vegan will be assigned <i>risk 411</i> since now the risk only applies to strict vegans. ○ More participants who improperly handle formula or breast milk will be assigned <i>risk 411</i> since more situations have been added to the list of what qualifies for the risk.
Slides 26-27	<p><i>Risk 425 Inappropriate Nutrition Practices (Child)</i> is being reworded in WISPr. The risk isn't being revised. The rewording in WISPr is to better align the wording in WISPr with the Idaho WIC Policy Manual wording. (review the wording on the slide) The reason WISPr is being reworded is to make it easier for staff to remember how the risk applies.</p>
Slide 28	<p>Activity – have each person find a partner. Hand out the “Check Your Understanding” sheet and have them discuss the questions with their partner. After about five minutes, discuss the answers with the group.</p>
Slides 29-31	<p>Closing the session:</p> <ul style="list-style-type: none"> • Four nutrition risk criteria are revised and one risk criterion is reworded in WISPr. The changes will be implemented statewide October 1, 2017. • All nutrition risk revision training materials are posted to the Idaho WIC website (under <i>Staff; Training; Training Links; Nutrition Risk Criteria</i>). <p>Determine any staff “next steps” by October 1, 2017: e.g.</p> <ul style="list-style-type: none"> • discard any old computer down nutrition assessment forms • discard any outdated resources their clinics might have (with old nutrition risk criteria titles, etc.) • become familiar with the <i>Summary of Nutrition Risk Criteria (NRC) Revisions</i> handout and keep it at staff desks and work stations to refer to as needed during implementation • any other steps you identify that staff need to do prior to implementation <p>Are there any questions? If you have questions later, check with me (your trainer), an RD, Coordinator or the State Office.</p> <p>Thank you for participating!</p>

Facilitator review:

How well did the session support certifier understanding of the updated risk criteria?

What suggestions do you have for the State Office regarding future nutrition risk criteria training and related materials?

Feedback may be given to: Marie Collier

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